

Arkansas State Board of Nursing

University Tower Building
1123 South University Avenue, Suite 800
Little Rock, Arkansas 72204

PHONE 501.686.2700
FAX 501.686.2714
www.arsbn.org

QUALIFICATIONS FOR ENDORSEMENT: BASIC NURSING PREPARATION

With the following exceptions, only graduates of State Board approved schools of nursing are eligible for licensure by endorsement:

- A. Canadian Registered Nurses licensed by NLN State Board Test Pool Examination in the following provinces during the years indicated: Alberta, 1952-1970; British Columbia, 1949-1970; Manitoba, 1955-1970; Newfoundland, 1961-1970; Nova Scotia, 1955-1970; Prince Edward Island, 1956-1970; Quebec (English language), 1959-1970; Saskatchewan, 1956-1970. These applicants may be endorsed, provided they are otherwise qualified.
- B. LPTN endorsement applicants are accepted from California and Kansas only.
- C. Portion of RN Program: candidates who have completed equivalent courses in a state approved program of nursing may be endorsed provided they are otherwise qualified. Evidence must be provided verifying successful completion of classroom instruction and clinical practice substantially similar to the minimum requirements for practical nursing programs.
- D. RN examination failures: Graduates of Board-approved RN programs holding LPN licensure by examination in other jurisdictions may be endorsed, provided they are otherwise qualified.

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INSTRUCTIONS FOR COMPLETION OF ENDORSEMENT APPLICATION

I. ENDORSEMENT APPLICATION FORM

- A. "Primary State of Residence" means the state of a person's declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return. NOTE: A street address must be provided.
- B. Sign affidavit in the presence of a notary public.
- C. Attach application fees: Endorsement - \$100.00; Temporary permit - \$25.00 (Optional - see Section V). Endorsement and temporary permit fees may be combined. Credit cards are accepted - see application form for details. **PERSONAL CHECKS ARE NOT ACCEPTED. FEES ARE NOT REFUNDED.**
- D. Florida applicants only: Official transcript of nursing education.

II. APPLICATION FOR CRIMINAL BACKGROUND CHECKS

Arkansas law requires applicants for licensure by endorsement to submit to criminal background checks. If an applicant has pleaded guilty or nolo contendere to any offense listed in ACA § 17-87-312, he/she is not eligible for Arkansas licensure. (**ACA § 17-87-312 provides opportunity to request a waiver of eligibility criteria related to a criminal background in certain circumstances.*) Criminal background checks shall be completed no earlier than 12 months prior to the application for licensure by endorsement. If criminal background checks are older than 12 months, they must be repeated. Complete your application for criminal background checks and Federal Bureau of Investigation fingerprint card according to the enclosed instructions. It may take 1-2 months for federal criminal background check results to be released to the Board. **DO NOT CONTACT THE ARKANSAS STATE POLICE ABOUT THE STATUS OF YOUR CRIMINAL BACKGROUND CHECK.**

III. VERIFICATION FORM

If you were originally licensed in one of the states listed on the Web site, www.nursys.com, submit your verification request online. If you were originally licensed in a state not listed on the Web site, mail the document entitled **VERIFICATION FORM** to the licensing agency in the state where you were originally licensed. Please supply your full name, current address and original license number so that your records can be readily located. The licensing agency will complete the form and return it directly to this office. Some states charge a fee for this service. We can provide the telephone number of the U.S. licensing agency.

IV. APPLICANTS IN COMPACT STATES

If you now live in a compact state and are moving to Arkansas, you can work in Arkansas for 30 days on your compact state license. For a list of compact states, go to the Web site, www.ncsbn.org, and choose Nurse Licensure Compact. You must notify your previous compact state of your change in residency.

V. TEMPORARY PERMIT

The Board may issue a temporary permit to a qualified applicant who holds a current license from another jurisdiction. This permit allows the applicant to practice nursing while awaiting the result of the criminal background check and verification of licensure from original state. The temporary permit is valid for six months and may not be reissued. All correspondence will be mailed to the address on your application. If you change your address, it is your responsibility to notify this office. **IF YOU APPLY FOR A TEMPORARY PERMIT:** In addition to the endorsement attachments, include the following with your application:

- A. **Copy of your current nursing license.**
- B. The twenty-five dollar (\$25.00) temporary permit fee.

APN Applicants: Do not apply for a temporary RN permit if you are applying for advanced practice licensure.

ACCORDING TO ARKANSAS LAW, AN INITIAL NURSING LICENSE CANNOT BE ISSUED UNTIL THE STATE AND FEDERAL CRIMINAL BACKGROUND CHECKS CONDUCTED BY THE ARKANSAS STATE POLICE AND THE FEDERAL BUREAU OF INVESTIGATION HAVE BEEN COMPLETED.

VI. MANDATORY CONTINUING EDUCATION

Continuing education contact hours are required for license renewal. For more information go to the Board's Web site, www.arsbn.org

PLEASE NOTE: The Arkansas State Board of Nursing renews licenses on a staggered biennial birth date system. Your first license may be valid from 91 days to two years depending upon your birth date.

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ENDORSEMENT APPLICATION

CONTACT THE ASBN OFFICE IF YOU EVER BEEN LICENSED AS A NURSE IN ARKANSAS. DO NOT COMPLETE THIS FORM.

Check appropriate box: ☐ RN ☐ LPN ☐ LPTNFull Name _____
(MISS, MS., MRS., OR MR) FIRST MIDDLE MAIDEN LASTAddress _____
STREET CITY STATE ZIPMailing address _____ E-mail _____
STREET/P.O. BOX CITY STATE ZIPDate of Birth _____ Place of Birth _____
MONTH DAY YEAR CITY STATE

Social Security Number _____ Telephone number () _____

Gender ____ Male ____ Female Name & Phone Number of Nearest Relative _____

ETHNIC INFORMATION (check one): ☐ African American ☐ Asian Indian ☐ Asian Other ☐ Hispanic
☐ Native American ☐ Pacific Islander ☐ White, not of Hispanic origin ☐ Other**GENERAL EDUCATION**

High School _____ City/State _____ Graduation Year _____

If High School Equivalency: Name of Test _____ Test Score _____

NURSING EDUCATION

School of Nursing _____ City/State _____

Initial Type of Program: BSN-RN _____ ADN-RN _____ Diploma-RN _____ PN _____

Entered: Month _____ Year _____ Graduated: Month _____ Year _____

LICENSURE

State of Original Licensure _____ Year _____ License Number _____

List of all states in which you are currently practicing _____

Have you ever taken the National Council Licensure Examination (NCLEX-RN® or PN) or the State Board Test Pool Examination (SBT PE)? YES ☐ NO ☐Have you ever been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state or jurisdiction?
DWI's and similar offenses must be reported. (Traffic violations do not constitute a crime.) YES ☐ NO ☐

(If yes, include a certified copy of the court docket, plea agreement, or conviction papers, and evidence that fines, restitution are paid.)

Have you ever had any license, certificate, registration, or privilege to practice disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction? YES ☐ NO ☐

(If yes, include copy of Facts and Finding from Board and evidence of reinstatement of license)

Are you currently under investigation in any state or jurisdiction? YES ☐ NO ☐Do you currently engage in drug-related behavior, including the use of mood-altering drugs/substances and/or alcohol that would affect your functional abilities to perform while working as a nurse? YES ☐ NO ☐In the last two years, have you been the subject of a chemical or alcohol dependency intervention or participated in chemical or alcohol dependency treatment/rehabilitation? YES ☐ NO ☐

(If yes, submit all relevant documents, such as rehab program completion, support group meetings, drug screens, etc.)

(over)

FOR OFFICE USE ONLY

AR CERT. NO. _____

DATE _____

CBC (S) _____

(F) _____

What is your primary state of residence? _____
(SEE INSTRUCTIONS FOR DEFINITION OF PRIMARY STATE)

Indicate where you expect to be employed in Arkansas and the beginning date of employment there _____

TEMPORARY PERMIT ☐

Check here if requesting a temporary permit. Send an additional \$25.00 with the required Arkansas application fee.

IMPORTANT: Incomplete applications, including transcripts and failed examination files will be deleted and discarded when there has been no action in the file (i.e. correspondence from applicant, retake of exam, etc.) for seven (7) years.

Endorsement License Fee **\$100.00**

Temporary Permit **\$ 25.00**

METHOD OF PAYMENT

- ☐ In-state personal check
- ☐ Money order/cashiers check
- ☐ Credit card

**OUT-OF-STATE PERSONAL CHECKS
ARE NOT ACCEPTED
FEES ARE NONREFUNDABLE**

CREDIT CARD INFORMATION

Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fees by credit card. The Arkansas State Board of Nursing does not receive any portion of the processing fee.

Type of card Visa ☐ MasterCard ☐ Discover ☐

Cardholder's Name _____

Cardholder's billing address _____

_____ City _____ State _____ Zip _____

Credit Card # _____

Expiration date ____ / ____ Amount Paid _____
 mm yyyy

Signature _____

*Processing fee - Endorsement Application - \$3.00; Temporary Permit - \$0.75

AFFIDAVIT

State of _____

County of _____

I, _____, being duly sworn, state that I am the person who is referred to in the foregoing application for licensure in the State of Arkansas; that the statements herein contained are true in every respect; that I have complied with all requirements of the law; and that I have read and understand this affidavit. I hereby give my consent for the Arkansas State Police and FBI to release the criminal background checks results to the Arkansas State Board of Nursing. **I understand that if the processing of this application is not completed, the application becomes null and void one year from date received.** I also understand that falsification of this form is grounds for discipline against my license.

APPLICANT'S SIGNATURE

Sworn to before me this _____ day of _____, 20 ____
My Commission Expires _____

NOTARY PUBLIC

AFFIX
NOTARY SEAL
HERE

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FBI and ARKANSAS CRIMINAL BACKGROUND CHECKS INSTRUCTIONS

Use these instructions if you are: an out-of-state graduate, rewrite applicant, internationally educated, advanced practice applicant or endorsing into Arkansas. **IF YOU ARE ENROLLED IN AN ARKANSAS NURSING EDUCATIONAL PROGRAM YOU MUST SUBMIT YOUR BACKGROUND CHECKS THROUGH YOUR NURSING PROGRAM. DO NOT FOLLOW THESE DIRECTIONS.**

Submit to the Board of Nursing, one cashier's check or money order for \$41.25 made payable to the Arkansas State Board of Nursing, along with the completed Arkansas State Police form and fingerprint card. **FEES ARE NONREFUNDABLE.**

Complete your applications in the following manner:

1. **ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECK FORM**

- a. Complete the Arkansas State Police Criminal Background Check Form. Every question MUST be answered or the form will be returned to you.
- b. The name on your Criminal Background Check Form **MUST** be your legal name.
- c. You must have a social security number. If you do not have one, contact the Board of Nursing (501.686.2709) for further instructions. Do not leave this blank.
- d. **THE ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECK FORM MUST BE NOTARIZED.**

2. **FBI FINGERPRINT CARD (You MUST use the card provided by ASBN)**

- a. Complete the following boxes on the card (type or print, **black ink only**)
 - Last name, first name, middle name
 - Signature of person fingerprinted
 - Aliases (other names you have used, including nicknames, maiden name, other married names, etc.)
 - ORI (this block should read: AR920430Z State Board of Nursing, Little Rock, AR)
 - Date of birth (numeric month, numeric day, numeric year)
 - Residence of person fingerprinted (street address or post office box, city, state, zip)
 - Citizenship (i.e., United States, England, Philippines)
 - Sex, race, height, weight, eyes (color), hair (color)
Sex: M=Male; F=Female
Race: A=Asian; W=White; B=Black; I=American Indian; U=Unknown; (If Hispanic use "W")
Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; MAR=Maroon; PNK=Pink; XXX=Unknown
Hair: BAL=Bald; BRO=Brown; SDY=Sandy; BLK=Black; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
 - Place of birth (city, state, or foreign country)
 - Employer and address ("none" if you are unemployed)
 - Reason fingerprinted - write in: AR State Board of Nursing - ACA §17-87-312
 - Social Security number
 - Leave all other spaces blank (OCA, FBI, MNU, MNU)
- b. Have fingerprints done by properly trained personnel. Your local police or sheriff's department may be willing to accommodate you. There may be a fee involved. The Arkansas State Police ID Bureau in Little Rock on Geyer Springs Road at I-30 will collect your fingerprints without charge Monday - Friday, 8:00 a.m. - 4:30 p.m.

If an individual is missing one or more fingers, a notation in the fingerprint block(s) indicating why a partial or missing image exists must be written in. Handwritten notations recommended for fingerprint submissions include: Amp (amputated), Ti--Amp (tip amputated), Missing at Birth, Cut-off, Shot-off, Deformed and Missing.

Common errors that will delay the processing of your FBI criminal background check are incomplete FBI fingerprint card and poor quality of fingerprints. **DO NOT BEND OR FOLD THE FBI FINGERPRINT CARD.**

3. Submit to ASBN:

- a. One cashier's check or money order, payable to ASBN, for \$41.25
- b. Arkansas State Police Criminal Background Check Form (notarized)
- c. FBI Fingerprint Card

DO NOT, UNDER ANY CIRCUMSTANCES, CONTACT THE ARKANSAS STATE POLICE OR THE FBI ABOUT THE STATUS OF YOUR CRIMINAL BACKGROUND CHECKS.

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ARKANSAS STATE POLICE CRIMINAL BACKGROUND CHECK FORM

Please type or print clearly.

NAME: LAST FIRST MIDDLE MAIDEN

OTHER NAMES YOU HAVE USED RACE SEX SOCIAL SECURITY NUMBER

EYE COLOR HAIR COLOR HEIGHT WEIGHT E-MAIL ADDRESS

DATE OF BIRTH PLACE OF BIRTH (STATE) DRIVER'S LICENSE # STATE OF ISSUE

MAILING ADDRESS CITY STATE/COUNTRY ZIP CODE

DAYTIME PHONE NUMBER

I, THE UNDERSIGNED, HEREBY GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT THE REQUIRED CRIMINAL RECORD CHECKS ON MYSELF AND RELEASE ANY RESULTS TO THE ARKANSAS STATE BOARD OF NURSING.

SIGNATURE OF APPLICANT

DATE

RETURN THIS FORM, FINGERPRINT CARD AND A CASHIER'S CHECK OR MONEY ORDER (no personal checks) FOR \$41.25 PAYABLE TO ASBN TO:

Arkansas State Board of Nursing, 1123 S. University Avenue, #800, Little Rock, AR 72204

Fees are nonrefundable

YOU MUST HAVE THIS FORM NOTARIZED.

State of

County of

Sworn to before me this day of 20

My Commission Expires

NOTARY SEAL

SIGNATURE Notary Public

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VERIFICATION FORM

SEND THIS FORM TO THE BOARD OF NURSING IN THE STATE OR JURISDICTION WHERE YOU WERE ORIGINALLY LICENSED. SOME STATES OR JURISDICTIONS MAY CHARGE A FEE FOR THIS SERVICE.

TYPE OF NURSE (check one) <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> LPTN	Name _____ Original License Number _____ Address _____ CITY _____ STATE _____ ZIP _____
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THE ABOVE NAMED PERSON HAS APPLIED FOR LICENSURE AS A NURSE BY ENDORSEMENT. PLEASE COMPLETE AND RETURN TO:

ARKANSAS STATE BOARD OF NURSING
UNIVERSITY TOWER BUILDING
1123 SOUTH UNIVERSITY AVE., SUITE 800
LITTLE ROCK, AR 72204-1619

I hereby verify that _____ is a graduate of
_____ school of nursing, which was a state approved
school at the time of his/her graduation.

Licensed in _____ by examination. Date of original licensure _____

Has license ever been encumbered? YES ☐ NO ☐ (If yes, state circumstances.)

Is applicant currently under investigation? YES ☐ NO ☐

SEAL

Executive Director

State of _____

Dated at _____ this _____ day of _____, 20_____